



None Suffer Lack

Federal Credit Union

Christ centered...member focused!

4929 Allentown Road ♦ Suitland, Maryland 20746 ♦ 301-899-0300 ♦ 301-899-0305 (FAX)

AUTOMATIC TRANSFER AUTHORIZATION

Account Owner: _____

Date of Request: _____

Address: _____

Start Date: _____

Daytime #: _____

New Update Cancel

I authorize the None Suffer Lack FCU to transfer funds from my account (s) as follows:

Frequency Monthly Semi-Monthly Bi-weekly Weekly Day(s) Date(s) _____

Amount: \$ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix: _____

Amount: \$ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix: _____

Amount: \$ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix: _____

Amount: \$ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix: _____

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in my account on the transfer date the transfer will not be made. This transfer authorization will continue until a loan is paid in full or until I notify the Credit Union in writing to cancel or update the transfer or until the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Signature _____ Date _____

Signature _____ Date _____

Credit Union Use Only

Processed by: _____

Date: _____